

West Linn Adult Community Center – Facility Rental Application
Adult Community Center, 1180 Rosemont Road., West Linn, OR 97068. Telephone 503-557-4704

Applicant responsible to pick up facility key, at Adult Community Center, the last weekday prior to event and return key immediately after use.

Today's Date _____ Company/Organization/Group _____

Address _____ City/State/Zip _____

Contact person _____ Daytime phone _____

Non-profit Tax ID # _____ Letter of Determination from IRS is Attached _____

Nature of Event _____ Date Requested for Event _____

Total Facility Time _____ a.m. p.m. TO _____ a.m. p.m. Actual Event Time _____ a.m. p.m. TO _____ a.m. p.m.

Rooms to be utilized by group? _____

Will you be serving beer, wine, or champagne? _____ Yes (fee applies) _____ No

Facility Requested: PLEASE CIRCLE APPROPRIATE FEES & ROOM (S) YOU WISH TO RESERVE

	Non-profit meetings	Non-profit Events	City Resident Fees	Non-resident Fees
Facility Rental (All rooms except kitchen)	\$75 App. fee	\$64 Per hour	\$95 per hour	\$114 per hour
Main Multi Purpose #1	\$38 App. fee	\$24 Per hour	\$45 per hour	\$57 per hour
Multi Purpose #2 (back left)	\$32 App. fee	\$19 Per hour	\$26 per hour	\$32 per hour
Multi Purpose #3 (back right)	\$32 App. fee	\$19 Per hour	\$26 per hour	\$32 per hour
Classroom	\$26 App. fee	\$13 Per hour	\$19 per hour	\$26 per hour
Kitchen – only with Multi #1 rental.	\$18 App Fee	\$16 per hour	\$13 per hour	\$32 per hour
Alcohol Fee	\$75	\$75	\$75	\$75

Please fill in the Facility Fee – _____ hours at \$ _____ = \$ _____
 Appropriate fees: Alcohol Fee- \$75 \$ _____
 Kitchen Fee – _____ hours at \$ _____ = \$ _____
 China, Silverware, kitchenwares fee - \$30 \$ _____
 Tablecloth (Rental) _____ pieces @ \$9 each = \$ _____

Total fees for group \$ _____ **Date Pd** _____
 Refundable cleaning/damage deposit - \$500 check \$ _____ **Date Pd** _____
 Or

Credit Card Type _____ # _____ CVV _____ Expire Date _____
 Name on Card _____

THE APPLICANT IS RESPONSIBLE FOR INFORMING THE GROUPS MEMBERS OF THEIR DUTIES/RESPONSIBILITIES UNDER POLICIES AND PROCEDURES.

1. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from the use of The West Linn Adult Community Center and surrounding areas.
2. Each group shall be fully responsible for the physical condition in which they leave the facility. The expenses resulting from any damage or undue maintenance shall be charged to the applicant and taken from deposits. Failure to meet any obligations beyond deposit amount within thirty (30) days of billing will be cause for cancellation of future privileges and for legal action including all costs incurred by the City for collection.
3. All alcohol use shall be governed by all applicable ordinances, State laws and O.L.C.C. Regulations. I understand that it is my responsibility to read, understand and obtain all O.L.C.C. documents or permits as required.
4. I have read, understand, and agree to comply with all the rules, regulations, policies, and fee schedules, as set forth by the City of West Linn. I further attest that I will be personally responsible for repair or damage to equipment, the facilities, and grounds or for replacement of stolen equipment.

HOLD HARMLESS AGREEMENT

I agree to be responsible for the conduct of our group in and about the facilities in use, for the control and containment of alcohol and noise, group participants, litter and damage beyond ordinary wear and tear, which may occur while we are occupying the premises. I further agree that use of the The West Linn Adult Community Center shall be in accordance with Policies and Procedures, local ordinances, O.L.C.C. Regulations and all valid laws of the State of Oregon. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from the use of this facility.

* _____ I am over 21 years of age.

* _____ I agree to adhere to all policies set forth by the City, and acknowledge deposit may be kept to pay for damage caused by group or to clean facility after use.

* _____ All information, to the best of my knowledge, provided on this form is truthful.

* _____ Applicant responsible to pick up facility key the last weekday prior to event and return key the first working day after event.

* Applicant must initial all statements above.

Signature

Name

Date

Visa _____ MasterCard _____ Expires _____ Amount \$ _____ (If card used for deposit card will be charged)

Card #

Cardholder Name

Signature

Payment Received by _____ Date: _____

For office use only:

Key Issued to _____ Date _____ Key # _____ Card # _____

Key returned _____ Date _____

Post event inspection by: _____ Date _____

Results: _____ Acceptable. _____ Unacceptable.

Comments: _____

Date of Check Request/Returned: _____ Amount Requested: _____ Processed by: _____